

**CDC Information Council (CIC)
Meeting Minutes
January 16, 2002 2:30-4:00 pm
Roybal Campus, Building 16, Room 5126**

CDC Information Council met on January 16, 2002, Roybal Campus, Building 16, Room 5126, at 2:30 p.m. Co-chairs of the meeting were Janet Collins and John Loonsk.

Updates/Announcements

- 1) Proposed revisions to six security policies were distributed by email for review and approval. Revisions have been approved by CTOC. Issues should be directed via email to Laura Conn and John-Paul Brennan.
- 2) The next meeting of the CDC Information Council will be on February 21, 2002 from 3:30-5:00 p.m. at Roybal Campus in building 16, room 5126.
- 3) Barbara Nichols is on a detail to assist with CIC executive secretariat. She can be reached at 404-639-7126 or bnichols@cdc.gov.

Report from ad-hoc CIC Secure Site Authorization and Authentication Working Group (John Loonsk)

A CIC working group was formed to examine the issues of secure site authentication for CDC partners. PHPPPO has distributed tokens to CDC partners (mostly state health officers and HAN coordinators) for authentication to the new restricted access Health Alert Network (HAN) site. The standing CDC policy (approved by HISSB) for partner authentication is use of SDN/digital certificates.

The document presented included possible guiding principals for consideration and recommendations from the working group.

Possible guiding principals:

- CDC partners should not be required to authenticate to different CDC systems in different ways.
- CDC partners should not be required to have multiple authentication devices/methods to access different CDC systems.
- CDC needs to have coordination and support for security devices used for the authentication of partners, to include:
 - A process for emergency support (24 x 7), in declared emergency situations.
 - Replacement of unstable devices.

- Removal of individuals who should no longer be in the directory of possible partners.
 - Recovery of devices no longer in use.
- CDC programs need to have:
 - The ability to manage authorizations to information and process for which they are responsible.
 - An active process to identify when an individual's access is no longer appropriate.
- Some programs may want to delegate responsibility to other partners such as state personnel.
- It should be CDC's goal to leverage the use of secure processes supported by the partners for controlling access to CDC resources as the technology matures.

The following course of action was recommended:

- 1) PHPPO will use SDN and digital certificates (not tokens) for immediate authentication of public health partners to the HAN restricted access site.
- 2) IRMO, PHPPO and others will work on a formal access and support process for emergency access to SDN protected resources and address the "mobility issue" for emergency situations.
- 3) IRMO will work with PHPPO and others too implement processes for managing tokens at an enterprise level.
- 4) IRMO, PHPPO and others will look, together, at technologies to further address the "mobility issue".

Following presentation of the report, there was some discussion concerning whether there was adequate representation from anthrax field team experiences relative to these issues. John felt that their views were taken into account.

CIC accepted the guiding principles presented by the working group and agreed that each CIO would implement the recommendations. A committee will be formed to address strategies for implementation of the recommended course of action. There is still a need for a CIC working group for broader security issues. The CIC Security WG will oversee the continuing activities in this area.

Information Technology Capacities for BT Cooperative Agreement Guidance David Fleming/John Loonsk)

A draft IT Capacities document was distributed for review to the CDC Information Council. This document contains IT capacities (standards and specifications), necessary to have a secure, electronic network capable of acquiring, managing, analyzing, and disseminating public health information related to emergency preparedness, bioterrorism, and chemical event detection and response. John outlined the individual capacities.

Capacities:

- 1) The automated exchange of data between public health partners**
 - This capacity involves the ability to securely send and receive information between two computer systems without human intervention, to achieve a “live” network for data exchange between partners in public health.
- 2) Technical Support for the Accumulation of Electronic Clinical Data to Detect Bioterrorism, and Chemical Events**
 - This capacity involves the receipt, management and processing of electronic data from clinical care sites, laboratories, or their proxies, for the purpose of surveillance for the identification of a possible bioterrorism or chemical attack.
- 3) Technical Support for Manual Entry of Data to Detect Bioterrorism, and Chemical Events**
 - This capacity involves the capability to accumulate at a health department manually entered syndromic and other data.
- 4) Technical Support for the Management and Exchange of Specimen and Sample Information and Lab Result Reporting**
 - This capacity involves the ability to receive laboratory requests, accept specimen and sample data, manage these data and immediately report electronic results to public health partners.
- 5) Support of Directories Of Public Health and Clinical Personnel**
 - This capacity involves the support of a directory of public health participants, their roles and contact information for every public health jurisdiction.
- 6) Support of Public Health Information and Dissemination and Alerting**
 - This capacity includes the ability to receive, manage and disseminate alerts, protocols, procedures and other information for dissemination to public health workers, care physicians, public health laboratories, and public health partners in emergency response.
- 7) Management of Possible Case and Contacts Data**
 - This capacity involves having public health bioterrorism and chemical event management systems that trace and manage possible cases from detection, through lab testing and confirmation, possible prophylaxis and/or vaccination, adverse events monitoring and then follow-up.

8) IT Security and Critical Infrastructure Protection

- This capacity involves assuring that access to sensitive or critical information is not lost, destroyed, misappropriated or corrupted by a malefactor.

9) Management of Emergency Response Utilization and Resource Information

- This capacity involves support of, or participation in emergency response systems including the support of response team, the management of response resources and the facilitation of inter-organizational coordination.

Comments should be sent to John Loonsk via email by COB Friday, January 18, 2002.

Report from CIC Integration and coordination of emergency communication with state and local partners Working Group (Claire Broome/Gianfranco Pezzino)

Meeting notes from this WG have been distributed to CIC. Several projects (NEDSS, Epi-X, Epi-Info, SIMS, HAN, National Pharmaceutical Stockpile) are completing a questionnaire/matrix on functionality and technical standards. These responses will be collated and examined for gaps, duplication, incompatibilities, and areas of integration/interoperability. This WG will tackle recommendations around the processes for integration of these activities. WG has one more meeting planned and will have final report for February 2002 CIC meeting.

The meeting was adjourned at 4:00pm. The next meeting will be February 21, 2002.

Attendees:

Members/Alternates:

Jim Buehler, NCHSTP
Claire Broome, OD
Janet Collins, NCCDPHP
Ed Dacey, NIOSH
David Fleming, OD
Jeanne Gilliland, NCCDPHP
John Horan, NCIPC (envision)
Nabil Issa, NCEH (phone)
Debbie Jones, PHPPO
Barbara Kilbourne, NCBDDD
Ed Kilbourne, ATSDR
Denise Koo, EPO
John Loonsk, IRMO
Bob Pinner, NCID
Janise Richards, PHPPO
Jim Seligman, OD
Dixie Snider, OD

Partners:

Seth Foldy, NACCHO (phone)
Steve Hinrichs, APHL (envision)
Gianfranco Pezzino, CSTE (envision)

Others:

Laura Conn, IRMO
Mike Donnelly, OD/IHIS
Paul Halverson, PHPPO
Alana Knudsen- Buresh, ASTHO (phone)
Barbara Nichols, IRMO
Marile Prosser, IRMO, CTOC co-chair
John Teeter, IRMO

